

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016528

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160

Primary Registration District No. 559

Registrar's No. 58

STATE FILE NUMBER

FILED APR 24 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |  |                                      |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>                               |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>RURAL JOCHIM</b>   |                                  | c. CITY OR TOWN <b>FESTUS</b>  |                                      |
| Length of stay in 1b   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>JEFF. CO. MEMORIAL HOSP.</b>   |                                  | d. STREET ADDRESS <b>R# 2</b>  |                                      |
| Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print) <b>WILLIAM ARTHUR McCLANAHAN</b>  |                                  | 4. DATE OF DEATH<br>Month <b>4</b> Day <b>16</b> Year <b>63</b>  |                                      |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>2-11-1877</b> |
| 9. AGE (last birthday)<br><b>86</b>  |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>P.P.G. CO.</b>   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>KINSEY, MO.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                      |
| 13a. FATHER'S NAME<br><b>EDWARD McCLANAHAN</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>EMILY BITTICK</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>L.W. McCLANAHAN FESTUS, MO. R#3</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                      |
| 16. SOCIAL SECURITY NO.<br><b>*****</b>  |                                  | 17. INFORMANT<br><b>L.W. McCLANAHAN FESTUS, MO. R#3</b>  |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b><br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes mellitus</b> |                                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                      |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                  | 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>Month, Day, Year  |                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                      |
| 20f. CITY, TOWN, OR LOCATION   |                                  | COUNTY STATE   |                                      |
| 21. I attended the deceased from <b>June 2, 62</b> to <b>Apr 16, 63</b> and last saw her alive on <b>Apr 16, 63</b><br>Death occurred at <b>5:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |  |                                      |
| 22a. SIGNATURE<br><b>Bertalan Bulgur, MD</b>   |                                  | 22b. ADDRESS<br><b>Festus, Mo</b>  |                                      |
| 22c. DATE SIGNED<br><b>4/20/63</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                      |
| 23b. DATE<br><b>4-19-63</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CATHOLIC</b>  |                                      |
| 23d. LOCATION (City, town, or county)<br><b>CRYSTAL CITY, MO.</b>  |                                  | 24. FUNERAL DIRECTOR<br><b>GENTRY R. POLITTE</b>   |                                      |
| ADDRESS<br><b>CRYSTAL CITY, MO.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>4-20-63</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Ken A. J. J.</b>   |                                  |  |                                      |

(Licensed Embalmer's Statement on Reverse Side)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Emory R. Politte*  
Licensed Embalmer No. 3481

P. O. Address Crystal City - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.